



C.L. "BUTCH" OTTER – Governor
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IDAHO DEPARTMENT OF HEALTH & WELFARE

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February 18, 2010

Lindsey Cruz, Administrator
Preferred Community Homes-- Sunset
7091 West Emerald Street
Boise, Idaho 83704

RE: Preferred Community Homes - Sunset, Provider #13G052

Dear Ms. Cruz:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Preferred Community Homes-- Sunset, on February 9, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Lindsey Cruz, Administrator
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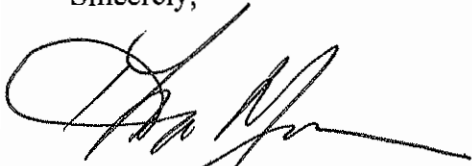
within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 3, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Mroz', with a large, stylized initial 'T' and a long horizontal stroke extending to the right.

TOM MROZ
Health Facility Surveyor
Fire Life Safety & Construction Program

TM/lj

Enclosure

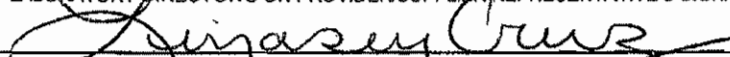
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 02/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G052	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2010
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - SUNSET			STREET ADDRESS, CITY, STATE, ZIP CODE 7591 BIRCH LANE NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a single story, Type V(000) , residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/MR beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 9, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j). The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction		K 000	"Preparation and implementation of this plan of correction does not constitute admission or agreement by Sunset Oaks with the facts, findings or other statements as alleged by the state agency dated February 9, 2010. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Sunset Oaks- Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."	
K0051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the		K0051	RECEIVED MAR 03 2010 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Administrator 3-3-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0051	Continued From page 1 authority having jurisdiction. This Standard is not met as evidenced by: Based on interview and record review, the facility failed to ensure the fire alarm system was in compliance with the provisions of NFPA 72 National Fire Alarm Code 1999 Edition. The deficient practice would affect 4 residents, visitors and staff in one of one smoke compartment. The facility has the capacity for 8 beds with a census of 4 on the day of the survey. Findings include: During review of the facility's fire alarm system testing records on February 8, 2010 at 10:00 A.M., the firm that performed the annual inspection on 11/11/09 noted on the inspection report that the tamper switches put the system into alarm, pullstations and waterflow reset themselves when they should have latched. Interview with the facility Maintenance Supervisor on February 8, 2010 at 10:00 A.M. indicated a proposal had just been received to replace the fire alarm panel. The findings were acknowledged by an Administrator at the exit interview on February 10, 2010.	K0051	K0051 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Bid for repairs by Mountain Alarm has been accepted and plans have been submitted to city as of 03/02/2010. System will be fully functioning and compliant with regulation no later than 04/16/2010. Effective Immediately and until repairs are completed facility will utilize "Fire Watch Policy & Procedure" to ensure safety. This policy includes 30-minute visual checks of the entire facility. RSC will monitor weekly for compliance until system is repaired. Once repairs are complete RSC will utilize monthly checklist implemented 03/03/2010.	
K0119	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Other hazardous areas are protected in accordance with 33.2.3.2.3 by one of the	K0119		

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K0119	<p>Continued From page 2 following:</p> <p>(1) An enclosure having a fire resistance rating of not less than ½ hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 1¼ inch (4.4 cm) thick, solid-bonded wood core construction.</p> <p>(2) Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.</p> <p>This Standard is not met as evidenced by: Based on observation, the facility failed to provide 1/2-hour rated construction on the wall of the gas-fired hot water heater room. The deficient practice would affect 4 residents and staff, in one of one smoke compartments. The facility has the capacity for 8 licensed beds with a census of 4 on the day of the survey.</p> <p>Findings include:</p> <p>On facility tour between 2:00 P.M. and 3:00 P.M. on February 9, 2010, observation revealed the 1/2 hour rated wall in the gas-fired hot water heater room had a 12" X 6" open penetration.</p> <p>The finding was acknowledged by an Administrator at the exit interview on February 10, 2010.</p> <p>NFPA 101 §33.2.3.2.3 Other hazardous areas shall be protected by one of the following: (1) An enclosure having a fire resistance rating</p>	K0119	<p>K0119 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>Sheet rock repaired 02/26/2010 to being in condition with code. This will be monitored monthly through monthly check list done by RSC that Facility is implementing and training on 03/03/2010.</p>	

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K0119	Continued From page 3 of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 13/4-in. (4.4 -cm) thick, solid-bonded wood core construction (2) Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure.	K0119			
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.	K0152	K0152 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Facility will be compliant and conduct all necessary quarterly fire drills. 03/03/2010 Facility will implement monthly checklist for RSC that includes reminder to follow up.		

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K0152	<p>Continued From page 4</p> <p>This Standard is not met as evidenced by: Based on record review, the facility failed to document fire drills were being performed once per shift per quarter. The deficient practice would affect all staff and all residents within the facility. The facility has the capacity for 8 licensed beds with a census of 4 on the day of the survey.</p> <p>Findings include:</p> <p>During record review of the facility fire drill records on February 9, 2010 between 2:00 P.M. and 3:00 P.M., the facility was unable to provide documentation of fire drills for the 4th quarter nocturnal shift in 2009.</p> <p>The finding was acknowledged and verified by an Administrator at the exit interview on February 10, 2010.</p>	K0152			

Bureau of Facility Standards

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M 000	16.03.11 Initial Comments The facility is a single story, Type V(000) , residential building. The building is protected throughout except in the garage and attic by a NFPA 13 D fire sprinkler system with quick response sprinkler heads. There is a complete fire alarm/smoke detection system. The facility was built in April of 1996. Currently it is licensed for 8 ICF/MR beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 9, 2010. The facility was surveyed in accordance with IDAPA 16.03.11. The Survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Fire/Life Safety and Construction	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. K051 Fire alarm systems K152 Fire drills K119 Open penetration	MM309	MM309 16.03.11.110 FIRE AND LIFE SAFETY STANDARDS Refer to K0051- 483.470 (j)(1)(i) LIFE SAFETY CODE STANDARD; K0119- 483.470 (j)(1)(i) LIFE SAFETY CODE STANDARD; and K0152- 483.470 (j)(1)(i) LIFE SAFETY CODE STANDARD	
MM326	16.03.11.110.02(g) Portable Comfort Heating Devices	MM326		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bureau of Facility Standards

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MM326	<p>Continued From Page 1</p> <p>The use of portable comfort heating devices of any kind is prohibited. This Rule is not met as evidenced by: Based on observation, the facility failed to ensure that portable space heating devices were not in use in sprinkler control rooms. The deficient practice would affect residents and all staff in one of one smoke compartments in the facility. The facility has the capacity for 8 licensed beds with a census of 4 on the day of the survey.</p> <p>Findings include:</p> <p>On facility tour between 2:00 P.M. and 3:00 P.M. on February 9, 2010, observation revealed that an unattended portable space heating device was being utilized to provide heat in the fire sprinkler control room.</p> <p>The finding was acknowledged by an Administrator at the exit interview on February 10, 2010.</p>	MM326	<p>MM326 16.03.11.110.02(g) PORTABLE COMFORT HEATING DEVICES</p> <p>Devices were immediately removed 02/08/2010.</p> <p>Monthly monitoring by RSC (refer to TAG- K0051- 483.470 (j)(1)(i) LIFE SAFETY CODE STANDARD)</p>	